File Number:	
84-1678	
For the reporting period ended	
December 31, 2002	_



SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL			
OMB Number:	3235-0337		
Expires:	July 31, 2003		
Estimated averag	je burden		
hours per full resp			
Estimated average	je burden		
hours per interme	ediate		
response			
Estimated average	je burden		
hours per minimu	ım		
response			



FORM TA-2

FORM FOR REPORTING ACTIVITIES OF TRANSFER AGENTS REGISTERED PURSUANT TO SECTION 17A OF THE SECURITIES EXCHANGE ACT OF 1934

ATTENTION: INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT

CONSTITUTE FEDERAL CRIMINAL VIOLATIONS.

See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a) 1. Full name of Registrant as stated in Question 3 of Form TA-1: (Do not use Form TA-2 to change name or address.) DELTY LEASING INCOME FUND IV, L.P. During the reporting period, has the Registrant engaged a service company to perform any of its transfer agent functions? (Check appropriate box.) ☐ Some None None b. If the answer to subsection (a) is all or some, provide the name(s) and transfer agent file number(s) of all service company(ies) engaged: Name of Transfer Agent(s): File No. (beginning with 84- or 85-): c. During the reporting period, has the Registrant been engaged as a service company by a named transfer agent to perform transfer agent functions? ☐ Yes No. d. If the answer to subsection (c) is yes, provide the name(s) and file number(s) of the named transfer agent(s) for which the Registrant has been engaged as a service company to perform transfer agent functions: (If more room is required, please complete and attach the Supplement to Form TA-2.) Name of Transfer Agent(s): File No. (beginning with 84- or 85-):

3.	a.		of the Current posit Insurance overnors of the	cy Corporation Federal Re	on eserve Syste		(only.))			
	b.	During the repo information rep								wing the date on whe box.)	hich
			mendment(s) o file amendme ble	ent(s)							
	c.	If the answer to	subsection (b) is no, pro	vide an expl	anation:					
_					Con T						
		If t	he response	to any of	questions	4-11 below	is non	ie or zero	o, enter "0	."	
4.	Nu	mber of items re	ceived for tran	sfer during	the reportin	g period:				39	
5. a. Total number of individual securityholder accounts, including accounts in the Direct Registration System (DRS), dividend reinvestment plans and/or direct purchase plans as of December 31:					<u>} </u>						
	b.	b. Number of individual securityholder dividend reinvestment plan and/or direct purchase plan accounts as of December 31:									
	c.	Number of indi	vidual security	holder DR	S accounts a	s of December	31:	*******************************		0	
	d.	Approximate p December 31:	ercentage of i	ndividual s	ecurityholde	r accounts fro	m subs	section (a)	in the follo	owing categories a	s of
	Г	Corporate	Corporate		Open-End	Limited		Municip	1	Other	
		Equity Securities	Debt Securities		nvestment Company Securities	Partnersh Securitie	•	Secur	ities	Securities	
						1007	0				
6.	Nu	mber of securitie	es issues for w	hich Regist	rant acted in	the following	capaci	ties, as of	December 3	1;	
					rporate curities	Open-End Investment Company	Pai	imited rtnership ecurities	Municipal Debt Securities	Securities	
	a.	Receives items and maintains t		Equity	Debt	Securities		1			
	b.	securityholder Receives items but does not ma	for transfer			1		<u> </u>			
	c.	master security Does not receiv	holder files:				(
	٠.	transfer but ma	intains the				(\mathcal{L}			

	cope of certain additional typ				
a.	Number of issues for whic				\cap
b.	services were provided, as	of December 31:	ara providad as o	of December 31:	<u> </u>
c.	Dividend disbursement and	il DRS services w il interest paving a	ere provided, as o	nducted during the reportin	g period:
٠.					
	ii. amount (in dollars)				\$ <u>1,100,000</u>
a.	Number and aggregate ma December 31:	rket value of secu	rities aged record	differences, existing for me	ore than 30 days, as of
				Prior Transfer Agent(s) (If applicable)	Current Transfer Agent
	i. Number of issues			O	0
	ii. Market value (in dollars				0
b.	Number of quarterly repor SEC) during the reporting			egistrant with its ARA (incl)(2):	
c.	During the reporting perio (including the SEC) requir			ly reports regarding buy-in	s with its ARA
		☐ Yes	☐ No	N/A	
d.	. If the answers to subsection	n (c) is no, provid	le an explanation	for each failure to file:	
a.	During the reporting period as set forth in Rule 17Ad-		ant always been i	n compliance with the turna	round time for routine items
		⊠ Yes	□ No		
	If the a	nswer to subsecti	ion (a) is no, com	plete subsections (i) throu	gh (ii).
				d in which the Registrant w cording to Rule 17Ad-2	
	SEC and with its ARA	that reported its	noncompliance w	ring the reporting period with turnaround time for rou	tine
	Number of open-end investme nd distribution postings, and Total number of transaction	address changes r	rocessed during t		
L.	Number of transactions ==	accepted on a data	ather than data a	fraceint of order (as ofs):	0

11. a. During the reporting period, provide the date of all database searches conducted for lost securityholder accounts listed on the transfer agent's master securityholder files, the number of lost securityholder accounts for which a database search has been conducted, and the number of lost securityholder accounts for which a different address has been obtained as a result of a database search:

Date of Database Search	Number of Lost Securityholder Accounts Submitted for Database Search	Number of Different Addresses Obtained from Database Search
3.31-02		
6-30-02	3	.5
9-30.02	O	.5
12-31- 02		0

b.	Number of lost securityholder accounts that have been remitted to states during the	
	reporting period:	

SIGNATURE: The Registrant submitting this Form, and the person signing the Form, hereby represent that all the information contained in the Form is true, correct, and complete.

Manual signature of Official responsible for Form:	Title: VICE PRESIDENT
Mariane t. Schuster	Telephone number: 215.717. 3384
Name of Official responsible for Form:	Date signed
(First name, Middle name, Last name)	(Month/Day/Year):
Marianne T. Schuster	3/27/0,3

File Number	Supplement to Form TA-2	
For the reporting period ended December 31,	Full Name of Registrant	

Use this schedule to provide the name(s) and file number(s) of the named transfer agent(s) for which the Registrant has been engaged as a service company to perform transfer agent functions:

Name(s):		File No. (beginning with 84- or 85-):
	,	